



Washington State Board of Pharmacy
1300 Quince Street SE
PO Box 47863
Olympia WA 98504-7863
(360) 236-4826

PRECEPTOR EVALUATION AND AFFIDAVIT OF EXPERIENCE

This form must be submitted to the Board office at the completion of the internship experience. If the internship experience exceeds twelve (12) months, it is recommended that this form be filed annually.

NAME OF INTERN		YEAR IN SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
INTERN STREET ADDRESS			
CITY		STATE	ZIP
NAME OF PRECEPTOR			
NAME OF INTERNSHIP SITE			
STREET ADDRESS			
CITY		STATE	ZIP
Preceptor Evaluation of Intern			
<p>Briefly describe the type of professional experience received under your supervision. Comment on the intern's communication skills, accuracy, professional attitude, dispensing skills, ability to evaluate and monitor therapy, and knowledge of pharmacy management. Also, pursuant to WAC 246-858-070(3), provide your assessment of the intern's ability to practice pharmacy at this stage of his or her internship. Attach an additional sheet(s) if needed.</p>			
SIGNATURE OF PRECEPTOR		DATE	

